Riverside has always maintained a firm commitment to their employees by identifying various issues and situations that may impact their lives. Riverside strives to make our environment a family-friendly and overall great place to work. Riverside as an organization wants to know what employees feel about the organization so approximately every year to two years, a formal employee opinion survey is conducted (and has been conducted since 1999). The survey provides the opportunity for employees at all levels in all departments to share how they feel about working at Riverside and what areas they feel would benefit from improvement. Once the overall results were returned, leaders hear the results first, then share them with their employees in departments and globally via the employee newsletter and State of Riverside townhall meetings. Employees are asked to identify and offer suggestions to help the entire team improve satisfaction. After working on the areas suggested throughout the institution and even down to the department level, the survey is completed again 1-2 years later to see if there have changes. And, once the results are received, the improvement cycle repeats: leaders and staff identify opportunities to improve and develop action plans.

CAREGIVER STRESS: HEARTMATH

The 2002 Employee Opinion Survey identified that stress of the healthcare worker was one of the top 3 issues needing improvement at Riverside. It was through this survey that HeartMath training was initiated to help Riverside’s employees manage their work related stress. HeartMath is a program of tools developed by the HeartMath Institute. It is the only scientifically validated program of its kind for managing stress response available today. HeartMath is used in the United States by cardiologists as one tool in managing blood pressure; by schools in helping students cope with their anxiety; by psychologists as a tool in dealing with anxiety, hyperactivity disorders, and depression. At Riverside Healthcare, Heart Math was instituted as a means to care for our work related stressed employees so that they can provide better care to each other and to our patients. Employees learn HeartMath tools to help them manage their stress response.

The initial HeartMath training project implementation at Riverside began in January 2003 and concluded July 21 2003. Riverside’s Education Department and certified HeartMath trainers were able to train 302 employees from all levels and various departments or locations in 18, 8 hour classes. The desired goal for HeartMath implementation at Riverside was firstly, to provide tools for employees to help reduce stress, fatigue, anxiety and frustration. Secondly, to increase patient satisfaction scores by caring for our caregivers and thirdly, to reduce the turnover in HeartMath trained employees.

Results from training the first 300 employees of Riverside from HeartMath showed that over 200 employees mentioned HeartMath as a helpful tool in de-stressing them as
shown in the June 2003 employee opinion survey. As an example the Patient’s account Dept. had 23% rating on job stress unfavorable prior to training and was decreased to 9% rating job stress unfavorable after heart math training. The Patient Satisfaction Scores continued to increase or remained steady during the second quarter of 2003 on Press Ganey survey results. As supplied by Riverside’s Human Resource department the RHC organizational turnover as of June 2003 was 6.09%. The overall turnover of HeartMath trained staff for the same time was 2%. In terms of the return of investment spent, the cost of RMC RN turnover is $47,000 per 100 RN’s trained. RMC saves $80,000 per HeartMath trained employee as long as the turnover rate is sustained.

In 2005, Riverside Healthcare was a grant recipient as part of Governor Rod Blagojevich’s Critical Skills Shortage Initiative. This grant was provided to Riverside for Heart Math training to help employees cope with workplace stressors and to reduce employee turnover to benefit 180 nurses. Currently every employee that goes through general employee orientation goes through a HeartMath class and HeartMath is also provided pre-LEAN implementation to manage change for staff, consultatively for staff suffering from fatigue or performance issues, and on an ongoing basis for any and all employees along with weekly tips in the employee newsletter about managing stress.

For example here’s the latest article from our 5/17/2010 employee newsletter on HeartMath:

**CARING 201**
Last week we addressed the rejuvenating power of care, for both the caregiver AND the care receiver.

Ironically, however, when you look up care in the dictionary, the first definition is a state of mind in which one is troubled; worry, anxiety, or concern; a cause or object of worry, anxiety, concern, etc.1

What’s so rejuvenating about that? Yet it’s not surprising when you consider how much of our worry focuses on the people, issues and things that matter to us. When was the last time something you don’t care about caused you stress?

When care for someone or something turns into worry, anxiety or fear, we call that overcare. Overcare starts out as care, but unrealistic expectations, emotional attachments and mental preoccupation diminish its rejuvenating power.

In its extreme, overcare can drive a wedge between the caregiver and care receiver and is close to the top of the list of personal and organizational energy drains. It shows up as the micromanager, the overbearing parent and the co-dependent friend. It drains your energy and your ability to think clearly and it can inhibit another's personal or professional growth.

The truth is overcaring can be so emotionally and physically debilitating, it can
eventually lead to not caring or apathy. e.g. I quit! A 1991 study on care giving among nurses observed that caring did not lead to burnout. Rather, the lack of caring and what we call overcaring did.

The healthier, more nourishing alternative is to identify when your care has crossed the line into overcare early on and transform it into a more balanced and caring response for all concerned.

Here’s how: Consider those people, issues, projects, etc. you care about. Ask yourself if your care is stress-reducing or stress-producing. If your care creates stress, it's overcare. And, please, do NOT overcare that you overcare; we all do! Celebrate the fact that you care! Take a deep breath and then a few more. Relive a positive experience to connect with sincere care. Then, ask yourself what you can do to get back to a balanced sense of care.

That's the easy part; now remember and do it!

1. [http://dictionary.reference.com/browse/Care](http://dictionary.reference.com/browse/Care)

Have YOU been to a HeartMath class yet? They are free and available right here at Riverside. Register via OLIE--and care for yourself!

In addition to HeartMath training, Riverside has an onsite Employee Assistance Program with voluntary and mandatory referrals for employees to help staff cope with stress. We have a healing garden onsite outside of our All Faiths Chapel, as a place for staff to meditate or reflect in private at any time day or night. Our Pastoral Care department is here onsite to not only serve patients, but is yet another support system to our employees from a spiritual perspective. And, we have a wonderful benefit for our staff—the Riverside Health and Fitness Center that staff may choose to join and under our Riverside benefits plan, the membership fees are significantly reduced! The Fitness Center is a 60,000 square foot facility north of the hospital in Bourbonnais and includes child care and after school programs in addition to a pool, track, exercise equipment and classes from aerobics to yoga and Zumba, and onsite spa services including massages.

**CAREGIVER STRESS: ONBOARDING COORDINATOR**

New nursing graduates are subjected to a reality shock when working for the first few months in their newly assigned workplace. The novice nurses are suddenly swamped with patients to take care of and are now faced with the realization of the responsibilities that they have to handle. New nursing graduates stress levels are heightened and cause the turnover rate to reach high benchmarks. Due to the poor percentage for new nurses’ retention, the hospital’s Education Department developed an onboarding coordinator program which provides additional support to help alleviate the stress level...
for new nurses and our Onboarding Coordinator is one of our certified HeartMath trainers!

Riverside Medical Center had a high rate of turnover for new nursing graduates. Prior to 2003, the 2 year mark for new grads leaving up to two years post-hire date was 80%. It had been recognized that there was a need to help the new nursing graduates to decrease their level of stress in their new workplace and to guide them in their day to day patient care as part of the assessment to improve retention. In part, this was another reason why Riverside developed an onboarding coordinator position to lead new nursing graduates in their chosen units or workplace. The onboarding coordinator helps facilitate the smooth transition of new nurses into their unit and profession. The coordinator acts as a liaison between the new nursing graduates and their respective preceptor, team leader, manager, supervisor or co-worker as the case may be. The coordinator works with new nurses with their clinical skills and monitors their level of confidence in handling different medical cases. The coordinator also acts as a shock absorber and safe zone for new grads to vent their stresses in their respective work areas. A boot camp for new nurses is also done towards the end of September every year. This is a time to evaluate the new nurses’ progress and build on their knowledge base and skills. This is taught by the clinical specialists. This is also a time for the new grads to start putting the whole picture together with hands on equipment, interactive learning, and a non-threatening and non-emergent environment.

Six years after the onboarding coordinating program was started, results showed a dramatic decrease in turnover rates for new grad nurses from 80% prior to 2003 to 12% at present. As an example, Riverside hired 35 nurses in 2007 and retained 31 nurses. In 2008, 35 nurses were hired and 33 nurses stayed. Riverside hired 22 nurses in 2009 and all 22 nurses are still working at their respective workplaces. The number demonstrates that new nurses are able to cope with the stresses in their assigned nursing units. The onboarding coordinator along with the new preceptor program and other changes as described in SE 8 have definitely proved a success with the retention of new graduates at Riverside.

Continuous development and improvement are still being made by the onboarding coordinator program to maintain the high percentage of retention of new nurses in their workplace and thus assist to decrease the stress levels of new grads.

DIVERSITY

Riverside Medical Center is located in Kankakee County. Kankakee County is a county of increasing cultural diversity. According to the U.S. Census Bureau, the population for Kankakee County in 2008 was 112,524 people. The population broken down is 82.9% white, 14.7% black, 0.2% American Indian, and 0.9% Asian, and 7.4% Hispanic.

With the diverse population in our county comes a wide variety of religious diversity also. Riverside is dedicated to the delivery of pastoral care that respects the diversity of all spirituality, religion, and life style choices. In order to train chaplains to demonstrate
high standards in the delivery of pastoral care, the Pastoral Care Department offers Clinical Pastoral Education (CPE) units for qualified individuals. This training includes diversity didactics, conducted by medical staff and community representatives, to provide education and dialogue concerning various faith groups and lifestyle choices. The Association of Clinical Pastoral Education (ACPE), through the U.S. Department of Education, defines the clinical outcome standards that CPE students are to achieve through their process. This training is required of individuals who desire to become board certified by the Association of Professional Chaplains (APC). The Director of Pastoral Care at Riverside Medical Center is Board Certified through the APC. Riverside’s Pastoral Care Department is available for all patients, families, and staff 24 hours a day/ 7days a week.

Along with a well educated and dedicated Pastoral Care Department we have an “All Faiths Chapel” to assist the needs of our patients, families, and staff. Riverside believes in quality care for all faiths while visiting our hospital. Our “All Faiths Chapel” was developed to honor diversity; there are not religious symbols of any kind in the chapel, so it can be used by any patient, family or staff for prayer or meditation of their choice. Riverside does have a room available for physicians of the Muslim religion to use with the special symbols, rugs and such. The physicians that use the room have made it very well known that if we have a patient or family or even an employee of the Muslim religion that they are welcome to use the room at any time.

Riverside’s past President and CEO was the force behind our development of today’s Spiritual Healing Garden. Filled with seasonal plants and flowers, a fountain, gazebo and sculptures, the garden is described as a place to renew, regenerate, and collect thoughts says Leland Kaiser, a nationally recognized healthcare consultant and executive coach who works with healthcare leaders. Kaiser, who spoke at the dedication of the garden, says it “serves as a place of refuge from the anxiety, pain, and fear that many have to face inside.” The Spiritual Healing Garden enables visitors and employees to step into a very natural area within the hospital for awhile to touch a tree, smell a flower, or breathe fresh air. The garden offers a quiet place for those who may not feel comfortable in a chapel, or who just feel more spiritually connected in the outdoors. When the weather prohibits going outdoors, visitors are able to enjoy the Garden’s peacefulness through windows from the Main Visitors Waiting Room, the “All Faiths Chapel”, and many of the patient room windows overlooking the area.

With our cultural diversity also comes the challenge of many different languages. With that being said, Riverside Medical Center has a Language and Interpretation Assistance Policy (follows at the end of this narrative). This policy provides language assistance and interpreter services at no charge. Cyracom International is the provider used by RMC for language translation services. Non English speaking patients are directed to use this service in a way to better communicate their medical needs. This is also a way for the nursing staff to be able to communicate with the patients. When using this service there is documentation regarding all information pertinent to the call. Riverside Medical Center also has telecommunication devices for the deaf TDD or TTY. These free phones are located in the emergency department, patient care services and
all nursing units. Communication boards are available in all nursing units and are readily available. Each patient has a large communication board on the wall in their room. Information like date, the patient’s nurse for the shift, or any treatment for the next 24 hours are communicated to the patient through this board. Family members also scribble a note of greeting or affection to the patient in this communication board. All the hospital television units have closed caption available too. In addition, RMC provides qualified sign language interpreters to language / sensory impaired persons at no cost.

In addition, since 2005, as required by Joint Commission guidelines for providing diversity training at time of hire and as needed, the Education Department analyzed our patient census and regional census data to develop our internal diversity training which covers sensitivity training for the aging patient population as developed by the Center for Aging (we have a predominantly Medicare patient population in the inpatient setting), and also covers tips and guidelines for dealing with dietary preferences, pain, and dying pertinent to the patient population. This training is updated each year to reflect patient population changes at Riverside and these guidelines may be accessed by our nurses 24—7 via OLIE. And, in addition to training on patient diversity, the Education Department provides training on generational differences to all employees to provide guidelines in supporting a respectful workplace environment that supports differences. The Education Dept. also provides MBTI and LIFO training to departments upon demand (the Director is certified to administer these assessments) and helps address communication preferences in order to support optimal teamwork.

Finally, Riverside has developed two key policies: The Code of Behavior and Professional Standards of Behavior which both delineate expectations for employees and medical staff members in support of a respectful work environment. In turn, compliance with these policies and respect for both coworker and patient diversity is evaluated each year on the annual performance appraisal under the global item, Modeling Respect and Fairness. The criteria are shown below for each rating on this merit-based appraisal:

**Modeling Respect and Fairness**

4 = Consistently Exceeds Expectations

- Models behaviors that create a culture that drives individual and organizational success including diversity, empowerment, shared decision making, open communication, risk-taking, and teamwork.
- Speaks up for what is ethical and right, appropriately and respectfully confronting and addressing unethical behavior in others.
- Consistently demonstrates strong principles, never letting any racial, sexual, age, religious, political, economic, or disability stereotypes or biases influence treatment of others.
- Promotes positive relationships, recognizing others for their contributions. Takes responsibility and is accountable for performance, assuring timely and effective completion of tasks is achieved. Makes deadlines and
follows through on promises and commitments; asking for assistance when needed.

- Actively seeks to learn about culture and norms of patients, physicians, or employees. Tries to learn from experiences and adapt that to working situations. Shows patience and understanding towards the cultural needs of others. Corrects others and teaches others about cultural differences/communication style approaches that support a respectful and fair workplace.

3 = Meets & Sometimes Exceeds Expectations
- Personally models ethical, respectful, professional behaviors.
- With occasional coaching, appropriately confronts unethical or inappropriate behaviors.
- Never allows stereotypes or biases to interfere in treatment of others. Is open-minded and works with people of different races, age, sex, or cultural background. Attempts to understand cultural differences and to work positively with that knowledge. Does not engage in any type of bias or stereotyping. May, on occasion, coach others on cultural differences/more effective communication approaches.
- Generally completes tasks on time. With occasional prompting, steps in to assist team members with their work.

2 = Meets Expectations
- Generally models ethical, respectful, professional behaviors.
- With coaching, will appropriately confront unethical/inappropriate behaviors.
- Does not allow stereotypes or biases to interfere in treatment of others.
- Generally completes tasks on time but may miss an occasional deadline.
- Needs prompting to put aside lower priority work to assist team members with their work.
- Is open-minded and works with people of different races, age, sex, or cultural background.
- Attempts to understand cultural differences and to work positively with that knowledge.

1 = Needs Improvement (May partially meet standards but is not consistent or does not do enough of the standards to be reliable.)
- Does not consistently model ethical, respectful, professional behavior.
- May avoid confronting or inappropriately confronts unethical and/or disrespectful behaviors in others.
- Does not volunteer to assist team members with team members' work.
- Inconsistently meets deadlines/commitments and does not ask for help when needed to assure deadlines are met.
- Has occasional difficulty working with people of different race or culture. Is not proactive in engaging in learning about such issues. Does not attempt to
learn or adjust communication styles or behavior. Sometimes creates a negative environment as a result of behavior.

Conflicts between nurses can occur due to stress or differences, and the structures and process provided at Riverside to set the expectation for respecting differences allows Riverside nurses to provide quality and cost effective care to all the different populations that RMC serves that makes working at Riverside healthcare unique.

In addition, on our most recent full (88 question) employee opinion survey with results distributed in February 2008, questions were include to evaluate how Riverside employees experience people being treated fairly regardless of race, gender, and sexual orientation. Our results were impressive, below the Trust Index© benchmark and among our top 10 our highest rated questions on the entire survey. This indicates people are taken care of and opportunities are shared in a fair way. In effect, people trust that everyone will be considered of equal “value” to the organization as human beings and that policy and procedures will be used consistently.

**Fairness Statements by Organization and Unit**

![Bar chart showing fairness statements by organization and unit](chart)

**RIGHTS**

Riverside Medical Center demonstrates its workplace advocacy for patient rights starting with the CEO who is active and visible in our community and is very supportive of the nursing staff and decisions they make. Our leaders join groups such as the Habitat for Humanity and work with the American and Illinois Hospital Association to
participate in lobbyist efforts on laws related to patient rights and patients’ access to care.

Within the walls of Riverside, our nursing model is that of Vigilance, which represents achievement of an optimal safe healthcare journey for patients, families, community, and care providers. All employees and patients deserve the right to safety and from emergency codes such as Code Stork or Code Green to promote security and prevent abductions of patients from our care, to honoring patient rights to who knows they are in our care via the House List, to whom the patient wishes staff to share information about their condition or treatment via the privacy code card—Riverside nurses work to honor patient rights. In order to maximize the intended outcomes of our mission and to keep our patients safe, the ICU nurses found an opportunity to improve on our processes and create and even safer environment for the staff and patients.

The ICU staff encounters many different situations with families and visitors as history has shown. Many years ago the staff in the unit determined that there needed to be more security in the unit and more ability to monitor the people coming and going in the unit. The main entrance of the ICU was moved and so was the waiting room. The waiting room was moved to be able to keep the ICU families located more closely to the unit and not mixed in with the general medical/surgical families as the ICU families tended to consume the entire waiting room and there was not room left for the other families. The new waiting room would accommodate many more people, had its own restroom, and an area for private conference with the physicians. The main entrance to the ICU was then changed to the door in the ICU closest to the new waiting room. A camera was installed outside of this door so the staff in the unit could have the ability to see who was entering and leaving the unit. This main entrance door was set up to be locked continuously and the family would have to ring and get permission to enter the unit. That worked great. When the family rang the bell, someone would answer the door (at the same time could see who was there in the camera) and then let them enter if appropriate. This worked great but things became more relaxed and the door was then unlocked and family could come and go without ringing in but they still were located in the same waiting room. An unusual situation occurred with a patient that changed the entire mindset of the safety and security of the unit, staff, and patients. An elderly woman was admitted that had been badly beaten. The person that had beaten her was her son. The police were not able to find the son and there was a very high probability that he would show up at the hospital looking for her. The extent of the injuries to this patient was alarming and the staff was concerned for her safety as well as their own. The door was relocked with this situation and has not been “unlocked” since. With all that occurred in this case, the staff wanted to take it up a notch to better ensure the safety and satisfaction of the patients and staff. They wanted to be more of an advocate for the family by enhancing patient care with improved communication. A group of nurses along with the Unit Based Council in the unit decided to take on this new adventure. There were really no solid guidelines for the 2ICU visiting plan. The group visited other facilities and staff and collected data. They discussed the different guidelines and came up with what would be most appropriate for their specific unit. The staff developed 2ICU Guidelines and Responsibilities for all staff in the unit. They also
along with that revised the 2ICU Visiting Guidelines. They wanted to better the communication with the families, patients, and even each other so they went one step further. They developed an Intensive Care Unit Family Agreement. The goal of this was to be able to provide excellent care to the patient as well as the family. The agreement allows the family to choose a family contact person that will receive daily phone calls with updates about their loved one and still allow the staff the quality time needed to care for the patient with minimal interruptions. This project developed by the staff is a new process for the unit. The new process was created into a poster presentation that was displayed at the annual Nursing Excellence Fair at our facility.

CONFIDENTIALITY

Riverside Medical Center is an advocate for confidentiality in many different ways across the organization. Riverside and all of its employees regard any information about any person that seeks service or treatment in our institution as confidential. This confidentiality is also extended to employee information, computer access codes, and business information. Each employee has the professional responsibility not to violate this confidentiality or disciplinary action will ensue and can also result in reporting to the state licensing department or the government or our community publicly about an inappropriate breach of information. All employees are required to read and sign a confidentiality statement at hire to inform them of the importance of confidentiality in our institution and are then evaluated each year for compliance with organizational expectations and policies related to confidentiality on the annual appraisal and complete annual testing on confidentiality, privacy and security practices including security of electronic PHI.

Riverside Medical Center staff is encouraged to report near miss situations, errors, and/or unsafe situations or breaches and concerns of any kind. This reporting may be done in person, to the Human Resources Department or Chief Privacy or Chief Security Officer, by calling our Compliance Hotline number or via a computer program called Peminic. This system allows one to report a situation as anonymous thus maintaining the confidentiality of the situation and employee reporting and/or involved. Peminic generates an email alert automatically to the leader of the area and the Patient Safety/Employee Health Department so that investigation and resolution of the incident may all be reported on in the system and trended to identify patterns of practice concerns for additional study and organizational changes such as we have done with patient falls results.

Riverside’s advocacy, structure and processes related to confidentiality are also further addressed in EP 24.

Summary:

As described in this narrative, Riverside has expended considerable support and effort to helping our staff reduce caregiver stress and has seen very promising results via HeartMath training [further described in SE 5EO]. And, Riverside has well-established
training programs and evaluation structures related to diversity, rights, and confidentiality to support our journey to be a great place in which to work and a great place in which to practice.

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**RIVERSIDE POLICY**

**Subject:**
Language and Interpretation Assistance Policy

**Policy:**
Riverside HealthCare will provide language assistance and interpreter services at no charge to patients that are hearing impaired, limited-English speaking or non-English speaking (LEP - limited English Proficiency). All patients will be encouraged to use our services for translation. LEP Language services will be provided through Cyracom International or by a qualified employee of the hospital. A patient may choose to use a family member or friend after being informed of the availability of the interpreter service at Riverside. For sign language interpretation, a qualified interpreter can be obtained through the patient care services office or the house supervisor. It is not appropriate for a family member or friend to provide sign language interpretation to a patient, unless in cases of extreme emergency if the patient would sustain harm before a qualified interpreter arrives.

**Procedure:**

1. Riverside Health System provides qualified language and sign language interpreters and other auxiliary aides to language/sensory impaired persons at no cost.

2. Patient Care Services Office/House Supervisor staff will coordinate communication services to language/sensory impaired persons on a 24 hour basis.

3. Notice shall be posted, at a minimum, in the emergency room, the admitting area, the facility entrances, and the outpatient area notifying patients of the availability of interpreters, the procedure for obtaining an interpreter, the most common languages requested, and the telephone numbers needed to file a complaint concerning interpreter service problems. This posting will also contain a TTY number that may be used by those who are deaf or hard of hearing.

4. The need for an interpreter can be recognized when the patient is assessed, scheduled for a procedure, or at time of admission. At this time, the needs of the patient should be communicated as soon as possible.
5. The hospital staff will exercise discretion as to the situation necessitating use of an interpreter. Examples of situations requiring an interpreter are as follows:
- Discussing a patient’s medical history
- Obtaining informed consent and permission for treatment
- Explaining diagnoses
- Explaining treatment
- Prognosis of an illness
- Conducting psychotherapy
- Communicating prior to and after major medical procedures
- Providing complex instructions regarding medication
- Explaining medical costs and insurance
- Explaining patient care upon discharge from a medical facility

6. Staff will document in the medical record communication needs of the patient, including language and interpretation needs.

7. Staff will receive yearly education on this policy and resources to provide effective language services to our patients through OLIE.

8. This policy shall be reviewed annually and submitted to the Illinois Department of Public Health.

Language Translation for limited-English speaking or non-English speaking patients
1. Cyracom International is the hospital provider for language translation services. This communication can be obtained by use of a Cyracom phone or by following the following procedure:

CYRACOM INTERNATIONAL
HOW TO REACH AN INTERPRETER FROM ANY PHONE
DIAL 1-800-481-3293
1) Enter your 9-Digit account number 501016951
2) Enter your 4 – Digit Pin Number 5608
3) Follow the voice prompts to select the Language required.
   (Press 3 for assistance)
4) When the Interpreter answers, give brief explanation of nature of call.
5) When finished with the call, please hang up.
6) To reach customer Service at any time dial: 1-800-481-3289

2. The limited or non-English speaking patient has the right to chose one's own friends or family member to translate, however only after being informed of the free service Riverside offers. This shall be documented in the medical chart.
**Interpreter Services for the Deaf or Hard of Hearing**

1. Effective communication for the deaf or hard of hearing could be provided by use of computer terminals, typewriter or notepad, as well as an interpreter depending on the situation.

Effective communication of patients, family members, and hospital visitors who are deaf or hard of hearing includes:
1. Written notes for brief and simple face-to-face conversations.
2. Written forms or information sheets where there is little call for interactive communications, such as providing billing and insurance information or filling out admission forms and medical history inquiries.
3. A qualified sign language interpreter or other interpreter if more complicated interaction is needed to discuss symptoms, diagnosis, or treatment options with medical personnel.

2. When possible, sign-language interpretation services will be pre-scheduled to ensure no loss of patient care time. When a staff member identifies a need for an interpreter when scheduling a planned procedure or service, the staff member will contact Patient Care Services office or the House Supervisor to schedule an interpreter to be on-site for that patient’s appointment.

3. In the event that a patient, family member or visitor is in need of emergent sign-language interpretation services, contact Patient Care Services office or the House Supervisor to assist in finding an interpreter in a timely fashion. Patient Care Services will maintain an active interpreter list in their office. Staff will use communication forms as outlined in section 7, until a qualified interpreter is on the premises.

4. A log documenting contacts will be maintained in the Patient Care Services Office listing:
   - Patient’s name
   - Date of hospitalization/procedure
   - Preferred method of communication
   - Actual method of communication
   - Interpreters name
   - Qualifications of interpreter
   - Date interpreter was secured for a planned visit

5. Riverside Health Systems will use qualified interpreters, meaning an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. After January 1, 2009, all interpreters used at Riverside facilities will be licensed in accordance with the Deaf Licensure Act of...
Riverside employees used to interpret must be able to process spoken communication into the proper signs and be able to interpret both receptively and expressively. After January 1, 2009 employees must hold a license to interpret using sign language for the deaf or hard of hearing.

A documentation of the employees’ time for service and the unit where they rendered the service will be recorded on their timecard. Interpreters other than Riverside Health Care System employees will be compensated at a per hour rate which is predetermined. The interpreter will document the time and amount due for services and submit to the Patient Care Services office for processing.

It is inappropriate to ask family members or other companions to provide interpretation for sensory impaired relatives. Factors such as emotional, or personal involvement or considerations of confidentiality may adversely affect their ability to interpret “effectively, accurately, and impartially”.

6. Aides available for use for language/sensory impaired patients may include but are not limited to:

- Telecommunication devices for the deaf [TDD or TTY]. A free public TTY phone is available for patient, employee, and visitor use and is located at the emergency department's reception desk adjacent to the South main hospital lobby. Other TTY phones for patient and employee use are available in Patient-Care Services office and in Human Resources.

- Communication Boards - Available at every nursing unit, ED, and OB/GYN. Can also be obtained by Patient Care Services or Nursing Supervisor.

- All hospital televisions are closed caption ready. Call maintenance department to activate this feature.

- Hearing Assisted phones are available on each nursing unit